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CONFIRMATION NO. 6056

SERIAL NUMBER 10/629,527	FILING OR 371(c) DATE 07/29/2003 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. HM-101
APPLICANTS Harry Moulis, Ormond Beach, FL;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/11/2003				
Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 6	TOTAL CLAIMS 17
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance			INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature _____ Initials _____			
ADDRESS 29847				
TITLE Medical liquid delivery device				
FILING FEE RECEIVED 595	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		